

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000097648

Entity Name: RESTORE MEDICAL PARTNERS, PLLC

Current Principal Place of Business:

333 S. TAMIAMI TRAIL
SUITE 169/171
VENICE, FL 34285

Current Mailing Address:

333 S. TAMIAMI TRAIL
SUITE 169/171
VENICE, FL 34285 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, PA
802 11TH STREET WEST
BRADENTON, FL 34209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JONATHAN D FLEECE

02/19/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JOB, LINDSEY
Address 360 EL GRECO DRIVE
City-State-Zip: OSPREY FL 34229

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDSEY JOB

AMBR

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date